
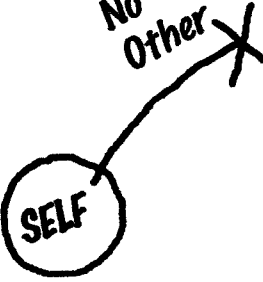

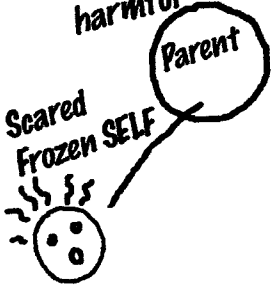


	SECURE	AVOIDANT	AMBIVALENT	DISORGANIZED
OBJECT RELATIONS	<p>MANY POSITIVE PAIRS</p> 	<p>No Other</p> 	<p>Overfocus on Other</p> <p>Less SELF</p> 	<p>Scary harmful Parent</p> <p>Scared Frozen SELF</p> 
REGULATION	<p>Stable Self and Interactive Regulation</p>	<p>Auto-Regulation</p> <ul style="list-style-type: none"> • Can be Dissociative • Attachment System shuts down 	<p>External Regulation</p> <ul style="list-style-type: none"> • Attachment system too ON • Feel than can only settle or get needs met by Other 	<p>Dissociative – High Arousal</p> <p>Need to lift Freeze and evoke, complete defensive responses while finding safe relational field</p>
NARRATIVE STYLE	<ul style="list-style-type: none"> • Easy to follow • Engaged and Engaging • Flow, coherent, vivid, alive 	<ul style="list-style-type: none"> • Few words • Might lack emotional vividness • Factual • Positive 	<ul style="list-style-type: none"> • Many words • Much emotion • Can have lots of negative complaints • Mix Past/ Present 	<p>Loss of voice, word recall, gaps, long pauses, mix of tenses, incoherent, hard to follow</p>
BRAIN DOMINANCE	<p>Integrated Flow of Energy and Information</p>	<p>More oriented to LEFT hemisphere</p> <p>Focused on Future</p>	<p>Stronger on RIGHT emisphere:</p> <p>May flood with emotions</p> <p>Stuck in Past</p>	<p>Lack of Linkage Associative Cortex;</p> <p>Amygdala stuck in Trauma</p>
CORRECTIVE EXPERIENCES	<ul style="list-style-type: none"> • Easy Recovery • Relaxation in relational field 	<p>Kind Eyes – For Attachment Gaze</p> <p>Welcome to the World – to be met and celebrated</p>	<ul style="list-style-type: none"> • Develop sense of Self so not lost in Other • Practice Receiving • Connect to Caring Behaviors and Consistency 	<ul style="list-style-type: none"> • Clarity • Competent Protector • Safety, Protection • Untangle survival instinct from Love/Attachment.

Overview of Attachment Dynamics

'**Secure**' healthy attachment with parents who are present, safe, protective, playful and consistent offers a positive enough holding environment that allows for healthy relating and bonding. We only need 20-30% attunement and parents that value pro relationship behaviors and an ability to repair mis-attunements for this to work well. No one has to be perfect. Fortunately, we can re-access the original, innate healthy attachment system later in life through appropriate healing and skill building.

Unavailability, hostility, and lack of fulfillment from caregivers in the '**Avoidant**' attachment model can result in a feeling that relationship and intimacy are so difficult that we tend to stay on the sidelines...perhaps a major 'disconnection' from relationships as a source of comfort in life. We have learned that we meet our needs better ourselves. We have learned to dismiss others and live in an isolated bubble of self.

The here today, gone tomorrow '**Ambivalent**' type of bonding leads to continual frustration and insecurity in relating that may manifest as feeling incapable of ever being truly loved or lovable enough and an over-focus on the "other" and an under-focus on the self. Since we learn to abandon our self, we feel only *external* sources of comfort and regulation will work.

When parents are overly fearful themselves, chaotic or terrifying, we may become so frightened and confused in relating that '**Disorganized**' attachment can result. This describes a conflict between two major biological drives that occurs when a child looks for a safe attachment figure, and finds instead a need to protect oneself through the survival instincts to dis-attach.

When we come to understand our early attachment styles in a healthy environment today, the original imprints that are the foundation of our self-protective ego structure can be healed so that we can be more in contact with our intrinsic core intactness and enjoy fulfilling relationships embodying our Authentic Self. We will explore how:

- To identify how over-coupling dynamics between early childhood "family of origin" attachment patterns may play out in adult relationships. Attachment patterning is often inter-generational.
- To be able to define the distinctions between secure, avoidant, ambivalent, and disorganized attachment models.
- Three options of how the use of Corrective Experiences to aid in resolving fixed attachment patterns.
- How to facilitate "earned attachment" as repair and healing of early attachment wounds towards secure attachment.

SECURELY ATTACHED ADULTS

1. Have **basic trust** in self and others from good enough parenting.
2. Satisfying relationships with both men and women
3. Reality-based optimism for the future
4. Have a fulfilling sexual relationship
5. Experienced or have healed into positive holding environment
6. Easy **affect and nervous system modulation** in relationships
7. Maintain a sense of the **natural rhythm of connectedness and aloneness**
8. Can be "**alone with another**" in the same room
9. Have a healthy **easy balance** between orientation to one's self and the other
10. Are **well-attuned to others**, can **stay present for connection** and be **aware when something feels "off"**
11. Can be present in life and in relationships in an **embodied** way
12. Practice **initiating and receiving repair attempts** when needed
13. 80 per cent of the time they think, feel and express **feedback to and about their partner in the positive.**
14. Have **strong self-esteem** and are **respectful of others**
15. Can **leave unhealthy and/or abusive relationships relatively easily** with confidence that they will be ok.
16. Do not endure bad situations and know **they deserve to be well-treated**
17. Are **clear about their own needs** and express these needs directly
18. **Address difficulties** in the relationship when conflict needs to be worked out
19. Are **not afraid of being alone** or of experiencing their aloneness
20. **Feel compassion for themselves and others** when there is suffering
21. Are **mature in their responses in relationships** and orient most often to the adult ego state or the **essential authentic self** as their real identity

Remember: *The goal of this work is to return to our inherent secure attachment as adults even though we may have had difficult attachment disruptions as a child. We will be exploring how to "Learn" secure attachment through experiencing and creating healthy relationships and drawing on the unlimited compassion and essential states available in the Universal Field. We can heal bio-psychologically and also from expanding into spiritual dimensions.*

Contact Exercise to help attachment disruptions return to secure attachment:

- a. (5 minutes): **Therapist maintains presence and the client explores looking at then away from the therapist, track feelings and sensations as you go in and out of contact.**
- b. (5 minutes): **The client tracks their reaction as the therapist looks at them, then breaks contact and then looks away.**
Option: Observer can be the **sentinel holding safe space** for the exercise with presence and possibly safe touch.

Consider how do you go in and out of regulation with other people?

Pod Discussion: Integration of the day

AVOIDANT ATTACHMENT STYLE FOR ADULTS

A. AVOIDANT SELF ORIENTATION:

1. **Loner (Desperados)**
2. **Minimize importance of relationships**
3. **May devalue significance of therapy relationship**
4. **Emphasize non-relational endeavors**
5. **Dismisses others / over-focus on the self**
6. **May have object relations units around others as absent or hostile and rejecting**
7. **May have factual memory but not felt sense of personally having been there**
8. **Difficulty in experiencing and expressing emotions or needs**
9. **Desire to connect can be denied and the person may incorrectly determine that they are happiest alone and deny their need for others**
10. **Have given up on humans and relate mostly to animals, "spirits", nature, etc.**
11. **May feel alien, mechanical, dissociated, outcast, or a loss of place in the world**
12. **Can "disappear", disconnect or dissociate without realizing it.**
13. **Reduce expectations of others**
14. **May have a lot of energy stuck in the head without much feeling in the rest of the body**
15. **Easy to be brilliant cognitively but difficult to experience emotions**
16. **Have headaches due to tension ring around the eyes and ears**
17. **They fear risking, wanting or longing as they feel overwhelmingly vulnerable**
18. **Avoidantly-attached adults may have many friends and engage on a somewhat superficial level and most issues may not arise until they enter a deep partner relationship where deeper needs may begin to surface and deeper transference issues get triggered.**

B. POSSIBLE ISSUES IN ADULT RELATIONSHIP FOR AVOIDANT ATTACHMENT ADAPTATION:

1. Non-availability
2. Denial of their own needs and resentment of partner having or expressing needs
3. Harshly judging the partner for having needs and labeling it as weakness or despising other's emotional expression
4. Not showing up or being present in the relationship, re-enacting the way the parent may have been with them
5. Averting gaze, expecting harshness, rejection, or abandonment when engaging with significant others
6. Difficulty with contact – visual, as in eye contact or physical, as in touch.

C. THERAPEUTIC ANTIDOTES FOR AVOIDANT/DISMISSIVE:

1. Help **develop human support system**
2. **Nurture original attachment design** so that appropriate motor responses arise and complete: i.e., reaching out or attachment gaze being initiated, held and met
3. **Providing metaphor and story** that demonstrate hope
4. Work with **original gaze** to orient it toward receiving love and kindness
5. **Welcome to the World Exercise** to reframe orientation to presence
6. Teach emotional **vocabulary in felt sense experience**
7. Sensate focus – **tracking body sensations, to anchor embodiment**
8. Work with **contact nutrition and contact issues** i.e., let eyes go wherever they want and to make contact to any person or persons that feel safe at your own pace.

D. TRANSFORMING/EVOLVING PERSONS RELATED TO AVOIDANT/DISMISSIVE PATTERN

Transformation Process:

1. Allow vulnerability with other humans of having wants and needs
2. Develop trust in a human support system. Experiment with reaching out
3. Develop Empathy for one's own and others' needs, wants, desires, emotions etc., without judgment
4. Realizing humanness, example: The Water State
5. Participate in life versus observe life
6. Discover belongingness

AMBIVALENT/ PREOCCUPIED ATTACHMENT STYLE FOR ADULTS

A. AMBIVALENT/PREOCCUPIED SELF-ORIENTATION

1. **Lack of awareness** of one's own needs
2. Experience **chronic anxiety, frustration and despair** regarding relationships
3. Depression
4. Feel undeserving, inadequate or unlovable. **Crippled Self-Esteem**
5. **Disruption** in family relationships

6. **Futility** in the workplace
7. Obsessive thoughts
8. Insecure about whether needs will be met, or if it is ok to even have needs/wants in relationships.
9. Fear that having needs will result in abandonment
10. **Accept what is given** instead of asking for what one truly wants
11. Stuck in object relation of **"WANTING BUT NOT HAVING"** so that even when one is given the opportunity to receive real love and caring they may reject it because it feels unfamiliar, intolerable or "not them". This dynamic must be recognized as an internally generated reality. The assumption that other is "non-giving" and impaired capacity to receive is a recipe for suffering! They can stop seeing others as withholding and recognize that they **have an impaired capacity to receive which can be corrected.**
12. Always anxious to **please to the detriment** of themselves
13. May **"give to get"** and feel resentful that others don't give as much
14. They **dismiss themselves** in favor of the other. When in relationship they often lose themselves and over-focus on the other's needs and desires.

B. POSSIBLE ISSUES IN ADULT RELATIONSHIPS FOR AMBIVALENT/PREOCCUPIED

1. Because the giving from an anxiously attached person is sometimes to buy the partner's love, in order to be insured against abandonment, partners may feel angry at the "giver" and not know why. They may resent the "price tag" of the gift and the sense of being manipulated.
2. When the partner is truly available and loving, the ambivalently attached person may flip the dynamic (or object relation). Then they become unavailable themselves and sabotage the possible loving connection.
3. A partner may feel their love is being rejected, deflected or invalidated and may get frustrated. They may feel they can never do enough to prove their love trustworthy because, though the ambivalently attached may feel the current love, they always worry about tomorrow. "Sure, you love me now but what about tomorrow?"
4. An anxiously attached adult's fear may eventually be successful in pushing their partner away and so self create their own worst nightmare.

C. THERAPEUTIC ANTIDOTE STRATEGIES FOR AMBIVALENT/PREOCCUPIED:

1. Help client increase their capacity to receive love, caring or true support when it is present
2. Help client stay focused on themselves and their experience while also engaging in a relationship with anyone; maintain contact with themselves. Of course we will feel abandoned when we disconnect from Self – we have left ourselves!
3. Learn to repair boundaries between the past and the present so that projection from the past does not usurp the present
4. Learn to self-regulate instead of always longing for interactive regulation. Build resiliency around aloneness
5. Deal with the fact that relationships change and sometimes end
6. Address the fear of abandonment.
7. Develop an inner capacity for autonomy as well as capacity to merge

8. By using corrective experiences help the client feel met, seen, understood in the original attachment situation.

D. TRANSFORMING/EVOLVING PERSON FOR AMBIVALENT/PREOCCUPIED ATTACHMENT PATTERN:

1. Know they tend to project the past on the present. They can begin to look for evidence that their partner wants connection rather than habitually expecting and orienting as if the partner is not there enough. Investigate: Is the situation realistic?
2. Have early needs met in the felt sense so the "child self" can grow up into a mature adult
3. Practice staying present when love and kindness are offered rather than deflecting it.
4. Does the hard work of knowing themselves and communicates clearly one's needs, wants and desires and, when necessary, attends to one's own needs, desires etc.
5. Stop obsessive focus on others.
6. Stop compulsive worry about what other's think of them.
7. Practice staying present with one's self even when in relationship

DISORGANIZED ATTACHMENT STYLE IN ADULTS The Unresolved Adult / RELATIONAL TRAUMA

Remember: This adult is the child that grew up in a disorganizing relational field. They experienced trauma from 2 different causes; 1) The relationships were overwhelmingly scary, painful, harmful AND 2) the child had no safe holding environment in which to process, contain or to cope with this terror and pain. There was regular, devastating disruption of the attachment system without the relief of a safe haven and no repair. Because this extreme situation so severely interrupts ANS regulation and Affect Modulation, the person is internally left with multiple incoherent models of the self, the other, and the relationship between them. (Consider object relations *units*)

A. SELF-ORIENTATION FOR DISORGANIZED:

1. May feel **like a failure** in relationships due to the overwhelming and **dissociative reactions** that arise due to the intensity of the **past relational trauma**
2. **Inner confusion** about when connection is safe and when there is a valid need to run or to fight
3. Often **stuck in approach-avoidance pattern** in relationships
4. **Cannot tolerate ambiguity**. Lack of clarity can create inner turmoil and an anger or panic response
5. **Inner chaos** from exposure to unsafe and crazy-making situations in the home
6. **Fear of going crazy**; being exposed to crazy-making situations does not make one crazy. Remember: The craziness was in the environment not in the person
7. They may feel **disoriented or fragmented** in the relationship because parents had a disorganizing effect on the person's attachment system
8. Corresponding symptoms may appear when there is a high need for dissociation from the past trauma: **flat affect, present-tense description of the past, detachment, lengthy pauses in narrative when speaking, physical and emotional numbness**

9. **Memory difficulties:** The developing hippocampus is temporarily disrupted by trauma so that implicit non-verbal memory is disorganized. Also, later experience that was traumatic may remain without context, in a timeless and wordless way. In this state the trauma patient is destined to relive events in a flashback where all the senses – seeing, hearing, smelling, tasting, touching or being touched or harmed during the past the event is experienced as be actually happening again.
10. Due to the need to dissociate, persons with disorganized attachment often do not live in their bodies and then have trouble taking good care of them. If they experience a great deal of fear when they feel **exiled from their bodies**, they may take extreme measures to feel them again in the form of **CUTTING, SELF-MUTILATION** or other **harmful self-inflicted actions**.

B. POSSIBLE ISSUES IN ADULT RELATIONSHIPS WITH DISORGANIZED ATTACHMENT:

1. Not knowing when or how to **trust**
2. **Confusion** about evaluating danger signals because they have needed to override their survival instincts
3. **Chronic need to fight or flee in relational field.** Sense of safety severely lacking
4. **Sudden shifts of mood** or state triggered internally or externally
5. Repression/dissociation of the trauma **experience disturbs the ability to be present in the moment**
6. **Partner feels abandoned** due to the dissociative reactions and the disorganized adult's difficulty in maintaining presence
7. Partners may become afraid of the sudden shifts in states of consciousness and the **extreme emotions or rage** or panic that sometimes accompany them alternating with eerie dissociative behavior
8. **Night terrors or flashbacks** may cause the disorganized adult to act out and dissociation may limit their awareness of impact it is having on them and the relationship.

C. THERAPEUTIC ANTIDOTES/ STRATEGIES FOR DISORGANIZED:

1. Attempt to help these clients find a new experience of relationship. The therapy must help them have a felt sense of **SAFETY**, the experience of a **RELIABLE PRESENCE** in the therapist and a containing **HOLDING ENVIRONMENT** in the **RELATIONAL FIELD** between therapist and client that allows strong emotions, dissociated fragments of traumatic experiences to be experienced and integrated
2. Often **VICTIM-PERPETRATOR DYNAMICS** are at play and there can be a strong **"US and THEM"** identity. They may feel power can only be experienced as the Perpetrator's misuse of **POWER OVER** someone younger, smaller, in a disadvantaged or dependent position somehow, or being **OVERPOWERED** as the victim
3. The clients need to be helped in developing **RESOURCES** so they can have support in healing past trauma such as:
 - a. **PROTECTION:** Install the competent protector, surround oneself with the experience of having a sentinel watching out for you, have a tribe that has a protective or warrior-like quality, find a safe haven like the "storm houses".
 - b. Create **DISTANCE from the perpetrator or scary parent.** We need to help the client evoke and complete **ACTIVE** self-protective responses of **FIGHT** or **FLIGHT SURVIVAL STRATEGIES**. Continue to ask the body for desired responses, whether verbal expressions, like, "Stop!" or "Back off" or "leave me alone!" or movements to defend like pushing away, kicking, running away, biting snarling, glaring, hitting, stabbing, etc.

- c. Reverse the **IMMOBILIZATION** or **FREEZE** response by de-activating the perpetrator
 - d. Transmute passive, overwhelmed and helpless responses such as hiding, disappearing or collapsing, into active, powerful responses to help heal the wound so the client can regain a felt sense of **EMPOWERMENT**
 - e. **BOUNDARY WORK:** Work with exercises to repair ruptured boundaries
 - i. Walk toward the client. They can say "stop!" Or "go back!" at any time so they can experience the safety of the other responding to their need for space without them being overrun and having to leave energetically through dissociation
 - ii. Sense boundaries that are intact or are missing in 360 degree sphere around the person.
 - f. **PACING and ANS INTERACTIVE REGULATION / SELF-REGULATION:** As the therapist, you must be very careful not to recreate devastating/disintegrating fragmentation or overwhelm in the sessions. The processing must be paced in a way that the client stays within their "window of tolerance" or "range of resiliency."
4. I usually recommend that the person work with a well-trained **trauma recovery specialist** to heal the past losses and trauma wounds
 5. Actively create a **new model of relationship** that can eventually effectively compete with the relational model of trauma from the past
 6. **Understand traumatic re-enactment and projection.** The client comes to therapy with defenses built against security in relationships and may try unconsciously to play out the same dynamics with the therapist
 7. Watch for **PROJECTIVE IDENTIFICATION** (taking on the projection of, i.e., the perpetrator and your feeling angry with or harsh with the client) and **COUNTER-TRANSFERENCE**. Our own attachment histories may be triggered by the client.
 8. **SELF SUPPORT FOR THE THERAPIST: SUPERVISION/CONSULTATION** as well as the support of a group of trusted colleagues is strongly recommended
 9. Work with **SPLITTING** defense: Help the client find the missing middle or a range of experience. Provide helpful healing metaphors to address splitting (all or nothing, black or white, either-or, idealized or devalued kind of thinking)
 10. Calm the clients' overactive **AMYGDALA**, which keeps the threat response engaged long after the original danger, has passed. The client may have little or no control over these **ANS HYPER-SENSITIVITIES**. As a result, the client is often labeled as "High Maintenance" in their important relationships
 11. "The escape when there is no escape" (Putnam, 1992, p.173) produces a hypnoid state related to dissociation that keeps the client drowsy, spaced out, depersonalized or de-realized. This condition blurs the reality of trauma they are attempting to detach from in order to avoid overwhelming flooding or disintegration.

D. TRANSFORMING/EVOLVING PERSON RELATED TO DISORGANIZED ATTACHMENT

1. Sees a therapist regularly that is trained in trauma recovery work.
2. As the clients experience more safety and security in the therapy relationship, they may begin to be able to alleviate the tendency to experience the past as if it were present.
3. As the holding environment feels more containing and intact, clients may be able to put unspeakable information into actual words and a more coherent, flowing narrative

4. As safety and the capacity for self and interactive regulation increases, clients may be able to experience their experiences with less fragmentation and disconnectedness.
5. Begin to feel safe enough to let one's guard down
6. Find a safer tribe or choose one's adult family by participating in safe enough relationships
7. Have realistic trust
8. Do not need the partner to be perfect in order to reassure the safety in the relationship – have resiliency about reasonable disappointments
9. Clear out any abusive relationships and do not allow those dynamics to take hold in new ones. Do not engage in or bring in abusive relationships dynamics to the relationship yourself.
10. Distinguish the past from the present
11. Practice mindful awareness